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REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) <div style="text-align: center;">Correspondence Workload Report</div>					2. TYPE OF REPORT		<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA	<input checked="" type="checkbox"/>	PERSONNEL		TRAINING	ADMIN. GENERAL OTHER (specify)		
		LOGISTICS		SECURITY			
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED <div style="text-align: center;">2</div>		5. FREQUENCY (weekly, monthly, quarterly, etc.) <div style="text-align: center;">monthly</div>			6. DISTRIBUTION (No. of components not number of copies) <div style="text-align: center;">1</div>		
7. FORMAT (memorandum, form computer print-out, etc.) memorandum		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT <div style="text-align: center;">C/SPD</div>		
		<input type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.				
		<input checked="" type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) DDS/OP/SPD/CARB				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) branch weekly report			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-04 to GS-12	\$5.00]		1/2		\$2.50		12 \$30.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Monthly total of weekly reports.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS	
						MAN-HOURS	DOLLARS
						STAT	
16. DATE OF INVENTORY 9/21/70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100160117-1 DD/Pers/R&P					18. EXTENSION <div style="border: 1px solid black; width: 40px; height: 20px;"></div>

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